## FORM D

## UNITED STATES

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

X	5	7	7	OMB APPROVAL
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OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

Hours per response......1.00

3	SEC US	E ONLY
Prefix		Serial
	1	1
	DATE RI	ECEIVED

Name of Offering		. <del></del>	
Filing Under (Check box(es) that apply):  Type of Filing:  New Filing  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer Hollywood Media Corp.  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)	and name has changed, and indicate change.)	is an amendment and name has changed, and indicate change.)	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer Hollywood Media Corp.  Address of Executive Offices  New Filing  A. BASIC IDENTIFICATION DATA  O4037647  Name of Issuer Hollywood Media Corp.  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)			
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Hollywood Media Corp.  Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)	ale 504 $\square$ Rule 505 $\square$ Rule 506 $\square$ Section 4(6) $\square$ ULOE	$\square$ Rule 504 $\square$ Rule 505 $\square$ Rul	ing Under (Check box(es) that apply):
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Hollywood Media Corp.  Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)	mendment	Amendment	pe of Filing: 🛛 New Filing
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Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Hollywood Media Corp.  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	(A)	the issuer	Enter the information requested about the issuer
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	and name has changed, and indicate change.)	s is an amendment and name has changed, and indicate change.)	me of Issuer ( check if this is an amendn
(			ollywood Media Corp.
(FC4) 000 0000	nber and Street, City, State, Zip Code) Telephone Number (Including Area Code)	(Number and Street, City, State, Zip Code)	dress of Executive Offices (1
2255 Glades Road, Suite 221A, Boca Raton, FL 33431 (561) 998-8000	(561) 998-8000	aton, FL 33431	55 Glades Road, Suite 221A, Boca Raton, FL 3343
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	nber and Street, City, State, Zip Code) Telephone Number (Including Area Code)		
(if different from Executive Offices)			• •
			,
Brief Description of Business Providing entertainment-related information, content and ticketing services to consumers and businesses		entertainment-related information, content and ticketing services	ief Description of Business Providing entertainment
PROCESSED	PROCESSED		
Type of Business Organization	Dimited northogolas discount formed	7 someonation — — — — — — — — — — — — — — — — — — —	
□ corporation □ limited partnership, already formed □ other (please specify) □ business trust □ limited partnership to be formed □ 1 9 2 limited liability limited	——————————————————————————————————————		•
business trust limited partnership, to be formed JUL 19 2014 med habity infined partnership		business trust	☐ business trus
Month Year IHOMSON		Month Vear	
Actual or Estimated Date of Incorporation or Organization 0 1 9 3 FINANCIAL		or Organization 0 1 9 3	tual or Estimated Date of Incorporation or Organization
✓ Actual ☐ Estimated	■ Actual □ Estimated		,
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	ter two-letter U.S. Postal Service abbreviation for State:	on: (Enter two-letter U.S. Postal Service abbreviation	risdiction of Incorporation or Organization:
CN for Canada; FN for other foreign jurisdiction)		(	-

#### GENERAL INSTRUCTIONS Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sea. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

,	A. BASIC ID	DENTIFICATION DATA	A	
2. Enter the information requested for the fol	lowing:			
• Each promoter of the issuer, if the issuer	uer has been organized with	nin the past five years;		
• Each beneficial owner having the po-	wer to vote or dispose, or	direct the vote or disposition	on of, 10% or mo	ore of a class of equity securities of the
. issuer;				
• Each executive officer and director of	corporate issuers and of co	rporate general and managir	ng partners of part	nership issuers; and
Each general and managing partner of	partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Rubenstein, Mitchell				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply: Promoter	Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Silvers, Laurie S.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Gomez, Scott				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hoffman, Harry T.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
McAllan, Robert E.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Simon, Deborah J.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<u> </u>	
Hall, Nicholas G.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
2255 Glades Road, Suite 221A, Boca Raton	, FL 33431		·	
(Use	blank sheet, or copy and us	e additional copies of this sh	eet, as necessary.	)

						077.5		-						
	<b>V</b>				B. INF	ORMATI	ON ABO	UT OFFE	RING		<u> </u>		37	
1.	Has t	he issuer so	ld, or does	s the issuer i	ntend to se	ll, to non-ac	credited in	vestors in th	is offering	?			Yes □	No ⊠
	Ansv	ver also in A	Appendix, (	Column 2, i	f filing und	er ULOE.								
2.	Wha	is the mini	mum inves	stment that v	vill be acce	pted from a	ny individu	ıal?			•••••		\$250,00	00
3.	Does	the offering	g permit jo	int ownershi	ip of a sing	le unit?							Yes	No 🗷
4.								e paid or gi						_
	listed of the	is an assoc e broker or	iated perso dealer. If	on or agent	of a broker five (5) per	or dealer r	egistered v	h sales of so with the SEC associated pe	and/or wi	th a state o	or states, lis	st the name		
Full Na	ıme (Last ı	name first, i	f individua	ıl)										
Busines	ss or Resid	ence Addre	SS	(Number	and Street	, City, State	, Zip Code	<del>)</del>	<del></del>					
Name o	of Associat	ed Broker o	r Dealer					· -				4		
States i	n Which P	erson Lister	1 Has Solic	cited or Inter	nds to Solic	it Purchase	rs	<del></del>		<del>.</del>				
(Charle	" All State	a" ar ahaala	individual	States)									- A11 S	totos
(Check	[AK]	√ [AZ]	[AR]	√ [CA]	[CO]	√ [CT]	[DE]	[DC]	√[FL]	[GA]	[HI]	[ID]	□ All S	lates
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	√[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] √[TX]	[NM] [UT]	√ [NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	√ [PA] [PR]		
Full Na	ame (Last i	name first, i	f individua	nl)		<u>~</u>								
Busines	ss or Resid	ence Addre	SS	(Number	and Street	, City, State	e, Zip Code	=)						
Name o	of Associat	ed Broker o	r Dealer											
					<del> </del>									
States 1	n Which P	erson Listed	Has Solic	cited or Inter	nds to Solic	eit Purchasei	rs							
,				States)										tates
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last	name first, i	f individua	nl)										
Busine	ss or Resid	ence Addre	SS	(Number	and Street	, City, State	e, Zip Code	e)						
Name o	of Associa	ed Broker o	or Dealer	<del></del>							<u></u>			
States i	n Which F	erson Lister	d Has Solid	cited or Inter	nds to Solid	cit Purchase	rs	<del></del>		<del></del>				
(Check	"All State	es" or check	individual	States)	,,,,,								. □ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	_ `	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

	. C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security NOTE: THIS STOCK WAS ISSUED TO PURCHASE A COMPANY, NOT FOR CASH		Aggregate Tering Price	An	nount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	250,000	\$	250,000
	⊠ Common □ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$	0	\$	0
	Other	\$	0	\$	0
	Total	. \$	250,000	\$	250,000
	Answer also in Appendix, Column 3, if filing under ULOE.			•	
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	A	ggregate Dollar Amount of Purchases
	Accredited Investors		1	\$	250,000
	Non-accredited Investors		-0-	\$	-0-
	Total (for filings under Rule 504 only)		-0-	\$	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type of Security	D	ollar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
				·	
	Rule 504			\$	
	Total			\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. NOTE: THESE EXPENSES WERE FOR A BUSINESS ACQUISITION				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees (for issuer, placement agent, and lead investor)		⊠	\$	100,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify) (travel and incidental expenses)		⊠	\$	15,000
	a man man de la manage de la ma			4	12,000

115,000

and total expenses furnished in response to	offering price given in response to Part C - Question 1 Part C - Question 4. a. This difference is the "adjusted		\$	135,000
of the purposes shown. If the amount for any pur	roceeds to the issuer used or proposed to be used for each roose is not known, furnish an estimate and check the box nents listed must equal the adjusted gross proceeds to the b. b. above.	Payment to		
NOTE: THIS STOCK WAS ISSUED TO PU	RCHASE A COMPANY, NOT FOR CASH	Officers, Directors, & Affiliates	•	yments To Others
Salaries and fees		□\$	□\$	
Purchase of real estate		□\$	□\$	
Purchase, rental or leasing and installation of macl	ninery and equipment	□\$	□\$	
Construction or leasing of plant buildings and facil	lities	□\$	□\$	
	ue of securities involved in this offering that may be used issuer pursuant to a merger)	<b>_\$</b>	⊠\$	135,000
Repayment of indebtedness		□\$	□\$	
Working capital		□\$	□\$	
Other (specify):General Corporate Purposes	(including working capital)			
		□\$	□\$	
Column Totals		□\$	⊠\$	135,000
Total Payments Listed (column totals added)		□\$	<b>x</b> \$	135,000
	D. FEDERAL SIGNATURE			
signature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this noticer to furnish to the U.S. Securities and Exchange Commission credited investor pursuant to paragraph (b)(2) of Rule 502.			
suer (Print or Type) ollywood Media Corp.	Signary Mutur		Date uly 9, 20	04
ame of Signer(Print or Type)  Mitchell Rubenstein	Title of Signer (Print or Type)  Chief Executive Officer			

# ---- ATTENTION ---